Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (516)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST
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STATE TRAINING SCHOOL		28
Name of Department or Office 3211 EDGINGTON AVENUE	ELDORA IA 50627	222
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.		U)
CONTACT PERSON FOR RECIPIENT DEPARTM	IENT OR OFFICE:	ᄗ
KRISTIN HAGEDON	·	
Name		
Mailing Address (if different from above)	Cily, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliar	y #330, c/o Paulene Welbourne	_	
PO Box 37	Neola, IA 51559		
Mailing Address	City, State, Zip Code	11/23/11	\$100.00
		Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Number		"value is defined as "fair mark receiving department or office	ret value" of item as determined by
Email Address (optional)			

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used towards student Christmas Fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

		I further affirm that the information concerning the donor an
assessment of the fair market vi	alue (if applicable) is correct and true to the best of my kno	owledga.

Kristin Hagedon

Nov. 28, 2011

Date

FORM-GB

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



towa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

Gift or Bequeat information received by a department or accepted by the Governor on behalf of the state	
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	:
STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVENUE ELDO	DRA IA 50627
Mailing Address City	, Slate, Zip Code
641-459-5402 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	: :
KRISTIN HAGEDON	
Name	
Mailing Address (if different from above)	City, State, Zip (If different from above)
Email Address	Area Code & Telephone Number (If different from above)
DONOR OF GIFT OR BEQUEST:	
Correctional Services Central HQ, c/o Daniel Hudson	7
Name	
10 W. Algonquin Rd. Des Plaines, IL 60016	
Mailing Address City, State, Zip Code	11/23/11 \$60.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
Nea Code a releptione number	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof;	
2012 pocket calendars for student use	
2012 pocket catchdats for student use	
Criteria to use this form:	
Consist of any sill as however that is essained by any dependence of the state	the angeliand by the Covernes on behalf of the state
Receipt of any gift or bequest that is received by any department of the sta	ile of received by the Governor on behalf of the state.
itatement of Affirmation:	
Kristin Hagedon	Is accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true to the be	est of my knowledge.
,	
Kristin Hagedon	Nov. 28, 2011
Signature Studies	Date
Signatura //	Unite

Revised 06/06

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FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on hehalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL		
	ORA IA 50627	
Mailing Address City, State, Zip Code 641-858-5402		
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	i:	
KRISTIN HAGEDON		
Name		
Mailing Address (If different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (If different from above)	
ONOR OF GIFT OR BEQUEST:		
International Prison Ministry, c/o Bob Hockstra, Dir.		
Name		
PO Box 2868 Costa Mesa, CA 92628	11/02/11	
Mailing Address City, State, Zip Code	11/23/11 \$100.00	
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
motivational books and pamplets for student use		
monvational cooks and painpices for student use	·	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the sta	ale or received by the Governor on behalf of the state.	
·	·	
tatement of Affirmation:		
Kristin Hagedon	Leader of the late to the late	
amm that the gift or bequest reported above seesment of the fair market value (if applicable) is correct and true to the b	is accurate. I further affirm that the information concerning the donor and est of my knowledge.	
With the	Nov. 20 2011	
Kristin Hagedon	Nov. 28, 2011	
Signature //	Date	